



Suicidal Adolescent Family Empowerment Program

S.A.F.E. Program



Today You Will Learn

1. Caregiver coping
 - Self-care
 - What to tell people

2. Safety planning for concerns of:
 - Suicide
 - Electronic/social media safety
 - Bullying

3. Crisis Prevention Planning (CPP) – briefly

4. What is Dialectical Behavioral Therapy?
 - University of Iowa Stead Family Children's Hospital inpatient approach

General Information

- Suicide is one of the leading causes of death among children and young adults ages 10 to 24 years old.
 - 9 out of 10 people who attempt suicide and survive will not die by suicide later.
- Researchers have found the most common precursors to a suicide attempt are:
 - Familial stressors, such as divorce or parental conflict
 - Relationship difficulties with a love interest.
 - School related problems, such as bullying.
- Suicidal behavior is often a byproduct of an underlying issue, such as depression, traumatic stress, anxiety, or substance abuse.

What Can I Do?

Increase protective factors, such as:

- Effective care for your child's mental health or substance abuse.
- Community supports such as faith community, self-help groups (eg AA), youth programs (eg UAY).
- Healthy coping and problem solving skills.
- Approaching your loved one from a place of understanding and support.

Talking about suicide does **not** cause or increase risk. It may lower the risk. It is important to ask your child each time you have a safety concern.



Coping as a Caregiver



Coping as a Caregiver

As a caregiver, self-care is important! Self-care activities may include:

- Eating healthy & exercising
- Taking a hot bath, tending to the garden, reading a book
- Taking a nap, practicing sleep good hygiene
- Attending a yoga or mindfulness class, practicing deep breathing
- Talking with a trusted friend, attending therapy

Benefits are:

- It models healthy behavior for your loved ones
- It offers you a needed relief from the stresses of caring for someone else

It is **normal** to have a range of emotions when your loved one has attempted to cause harm to themselves. You may feel:

- Sadness
- Fear
- Anxiety
- Shock or disbelief to self-blame
- Indifference
- Anger

Remember: You are not to blame. Many people find counseling or therapy services helpful in learning to cope with what has happened.

What to Tell Others

- The decision is unique to each person and family. Some people and families limit how much they share. Others find that sharing their experience is helpful.
- Inquire about the survivor's comfort level. Mental illness is still very misunderstood. Survivors may not feel safe having this information shared.
- Listening and supporting your loved one, even if you do not understand their decision(s), can have a significant impact.

Talking to Siblings

- Let your child know that their sibling/s are asking questions and seek his/her input on what you will share.
- Choose a time when you are not overly upset to speak to your other children. While showing emotion is inevitable and encouraged, children can be frightened when they believe the adults in their lives are not in control.
- Provide the child/ren truthful information that is appropriate for their age and developmental level.
- Explain mental illness in direct language the child/ren will understand.
- Try to answer any questions they may have but avoid unnecessary details.
- Encourage them to speak freely about it and allow room for emotional responses.
- Assure the child/ren that it is not their fault and that you as well as their sibling loves them.



Safety Planning

Why is Safety Planning Important?



Bad News

- This can **never** guarantee safety.

Good News

- This **always** lowers the risk, whether the event is impulsive or planned.

How?

- You **cannot** control what youth will do. You **can** try to manage both impulsive and planned events by:
 - Making harmful behaviors toward self or others more difficult to engage in by **removing** and/or **locking** up items that could lead to dangerous situations. (Safety Planning).
 - Putting plans in place to support youth if there is a crisis. (Crisis Prevention Plans).



Goals of Safety Planning

Goals:

- ***Increase*** safety and ***lower*** risk.
- Remove or lock and thoughtfully manage safety hazards in the child's environment.

Remember **time** is *always* your best friend.

- The more time it takes to find a dangerous item, the more time there is to coach or intervene.
- The more time between the child's thought and the child's access to a way to hurt oneself or someone/something else, the more time there is for the child to cool off and think more rationally.

Suicide: Poisoning Overdose/Ingestion)

Overdoses are by far the most common attempt method.

Items most often used for poisoning (overdose/ingestion) are:

- Medicines (both prescription and non-prescription)
- Drugs or alcohol
- Cleaning agents and supplies
- Insecticides and pest control
- Gardening agents
- Antifreeze

Some medicines are much more lethal in overdose than others.

- No medicine or combination of medicines is good in high amounts
- Over-the-counter medicines, such as Tylenol, ibuprofen, and cold medicines can be very dangerous when taken in high amounts

Suicide: Poisoning (Overdose/Ingestion)



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Safety Tips

- **Remove or lock up all poisonous agents, such as medicines and household or garden chemicals.**
- Keep only a very limited supply of poisons in your home and store them in a lock box.
- Lock and monitor **all** medicines, prescription and over-the-counter, of **all** family members in the home.
 - **Youth will overdose on any medicine they can get, even if it is not theirs. All medicines should be accounted for at all times.**
- Control and manage your child's medicines by giving them at prescribed times and watching your child take it.
 - Youth should not be in charge of their medicine at this time.



Suicide: Sharps, Strangulation

Sharps can cause a unique temptation for youth struggling with self-harm ideation. Sharps used for cutting or self-harm can be:

- Knives
- Razors
- Paperclips
- Tools
- Pencil sharpeners
- X-Acto knife
- Blades

Items most often used for suffocation or strangulation are:

- Plastic bags
- Belts
- Bedsheets
- Ropes
- Ties
- Scarfs
- Cords
- Shoelaces

Note: Elaborate set-ups from high places are **not** needed for hanging. The only thing needed is leverage. This could be done with door knob or bed post.

Suicide: Sharps, Strangulation

Safety Tips

- **Remove or lock up all sharps and potential strangulation items.**
- Some parents and caregivers struggle to lock all sharps or strangulation items in the family home:
 - Another option (although less safe) is to limit the number of knives or strangulation items that are out. This will make it easier to see missing items.
- To remove all sharps and strangulation items, think about alternatives:
 - Electric razors rather than razors
 - Items with limited cords
 - A check-in/check-out system
- **Completely remove the most dangerous items!**

Suicide: Firearms

Most youth who die by firearm suicide use a family member's gun/rifle.

- 85 to 90 out of 100 self-inflicted gunshot wounds end in death, only 1 to 2 out of 100 overdose, cutting, or stabbing self-injuries end in death
- If highly lethal means are not easily accessible (especially firearms), suicidal people are more likely to delay an attempt or resort to less lethal means

Do you own a gun? Does your child have access to a gun?

- Think about all access your child might have, such as grandparents, hunting buddies, and friends.

Suicide: Firearms

Safety Tips

- **During a crisis, it is best to completely remove guns from the child's home and car.** You can use:
 - Support people. A trusted friend or relative to store them away from home.
 - Gun storage facilities or your local police department.
 - Lock boxes, safes, trigger locks, and cable locks that have key restrictions at home.

Be **triple safe!**

- Guns should be stored **locked** and **unloaded**, preferably in a lock box or gun safe.
- The ammunition should be **locked** and stored in a separate place.

Safe Storage

Other safe storage strategies below for sharps, fire starters, weapons, medicines, and chemicals.

- Use locked storage for hazardous materials or weapons.
- Choose a careful hiding place.
- Store the key or combination in a separate place.
- Assume your child knows where the key or box is hidden.
- Change the keypad combinations.
- Store lethal combinations, such as bleach and ammonia or firearms and ammunition, in separate places.

Remember: the main goal of restriction is to lock or remove *unnneeded* items from the home.



Privacy, Electronics Safety, and Bullying

In periods of high risk:

- Parents may want to limit private time for fear of what a child may do without eyes on them.
- This can become a source of contention between parent/caregiver and child which often leads to upset behavior.

Recommendation:

- Find ways to offer privacy while ensuring safety, such as:
 - Safety-proof your child's room.
 - Your child's door should not lock.
 - Do not take the doors off rooms, but make sure the room is safe.
 - Do room searches.
 - Do parent check-ins.

Room Searches

- **These happen at the parent's/caregiver's discretion, but never without your child's knowledge.**
 - Tell your child why the search is needed in the moment.
Do not give advance warning.
 - Offer your child the opportunity to be present.
 - Share that you prefer honesty and would rather they hand over or share where you will find concerning items, rather than finding them on your own.
 - If they do so, thank them for their honesty and commitment to their own safety.
- **These expectations can be part of the Crisis Prevention Plan (CPP).**



Expectations for Check-Ins

- **Youth likely want to spend time alone in their room.**
- **Parents have a right to check-in but should always knock.**
 - Decide how often check-ins are needed on case-by-case basis.
 - When youth are in crisis, do check-ins more often (every 15 to 30 minutes).
 - When youth stable, do check-ins less often.
- **When parents knock, the child must answer.**
 - If the child does not answer in reasonable time frame, such as 5 to 10 seconds, the parent may enter.
 - No need for talk, can use signals.
 - Must make visual contact and see that all is well.
- **These expectations can be part of the CPP.**

Electronics Safety

Appropriate electronic use needs to be taught. Internet, social media, and phone safety need to be talked about regularly. Safety strategies include:

- Never share passwords or personal information online. It can risk safety.
- Once in cyberspace, always in cyberspace.
- Do not blindly trust people you meet on-line.
- Schools have policies about forwarding emails and photos from others. Cyberbullying comes with consequences.
- Encourage open communication between yourself and your child about bullying and harassment.

Bullying

What is it?

- Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. About 1/5 (8.2 million) US high school students report experiences with bullying every year (1/6 for cyberbullying).

Kids who are bullied are more likely to experience:

- Depression, anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, health complaints, and loss of interest in activities they used to enjoy.
- Decreased academic achievement and school participation. They are more likely to miss, skip, or drop out of school.

Resources:

- StopBullying.gov
- National Bullying Prevention Center: <https://www.pacer.org/bullying/>
- Cyberbullying Research Center: <https://cyberbullying.org/resources/parents>
- American Psychological Association: <https://www.apa.org/topics/bullying/>
- It Gets Better Project: <https://itgetsbetter.org/>



Crisis Prevention Planning (CPP)

Crisis Prevention Plans

Safety Plans are how to *safety proof* your home.

Crisis Prevention Plans (CPPs):

- Help guide you in making choices and taking actions that help to defuse difficult situations and prevent them from reaching a crisis.

CPPs are not:

- The solution to the crisis if one occurs
- A guarantee that a crisis will not occur

Crisis Prevention Planning (CPP)



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When making a CPP, you will make a plan for managing difficult situations by finding, understanding, and talking about:

1. **Triggers** that lead to negative or troublesome feelings and behaviors
2. **Warning signs** that show a situation is headed in a negative direction and needs intervention
3. **Skills** that youth can use to help themselves.
4. **Actions** that parents/caregivers can take to help support their child
5. **Others** that can be called upon to help manage the situation

Sample CPP



Crisis Prevention Plan

This worksheet will help you brainstorm ideas about what should be in your child's CPP. While you may have ideas based on your experience with your child, also look at their Trigger Card for other ideas that may be helpful. You will get a printed copy of the CPP when you leave the hospital.

Please fill out the sections below as completely as you can. Examples are provided for each section.

Triggers

List the things that seem to trigger your child. Triggers are things that make your child mad, sad, upset, anxious, or distressed.

Examples: Hearing "no," unexpected change of plans, being bullied, loud noises, arguments, not understanding homework

Be as specific as possible. Hearing "no" is much more effective if you can specify what hearing "no" will trigger, such as "hearing 'no' to requests to stay out later than curfew."

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Warning Signs

List the physical, emotional, or behavioral signs that your child is feeling distressed or triggered. Try to include some that are unique to your child.

Examples: Being quiet, isolating from friends or family, clenched fists, irritable, argumentative, quick breathing

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Sample CPP



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Support from Caregivers

What things does your child find supportive when they are upset? Some children like support from parents or caregivers. Some children resist it. List the supportive things you can do that are realistic for your home and your family.

Examples: Give your child space, remind your child to use their Self-Care Plan and look at their Trigger List, offer to take a walk with your child, check in on your child every 20 minutes, use the 6 Hour Rule in challenging family discussions

_____	_____
_____	_____
_____	_____
_____	_____

Coping Skills

List the things your child does to calm when they are distressed or triggered. Only list coping skills that are safe, healthy, and positive on the CPP. It is helpful to list many types of coping skills like distractions, self-soothing techniques, and problem-solving skills.

Examples: Read a book, go for a walk, use an "I Statement" to talk it out, color in a coloring book, take deep breaths, drink a cup of tea

_____	_____
_____	_____
_____	_____
_____	_____

People and Resources to Call

List the people and resources you or your child can call in a crisis. It is helpful to have many people listed here so your child can always access a resource if in crisis.

Examples: Parent, aunt or uncle, grandparent, therapist, trusted teacher or coach, mature friend, youth or community group leader, teen hotline, county crisis line

_____	_____
_____	_____
_____	_____
_____	_____

Crisis Prevention Planning (CPP)



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If your child is admitted to the Child Psychiatry unit, the following will be completed prior to discharge:

- A family team meeting to identify concerns and establish goals.
- An individualized crisis plan will be developed.
- An aftercare service plan will be made.



Dialectical Behavior Therapy (DBT)

What is DBT?

- **D**ialectical
- **B**ehavior
- **T**herapy

What does dialectical mean?

- It means 2 opposite ideas can be true at the same time, and when thought about together, can create a new truth and a new way of viewing the situation. There is always more than 1 way to think about a situation.

DBT:

- Is an effective treatment for people who have a hard time controlling their emotions and behaviors.
- Aims to replace problem behaviors with skillful behaviors.
- Teaches people skills to help them experience a range of emotions without acting on those emotions.
- Teaches skills to help teens navigate relationships in their environment, such as family, school, and peers.
- Helps people create a life worth living.

Target Behaviors

What are **target behaviors**?

- Behaviors to decrease.
- Behaviors that cause harm to self and others.
- Behaviors that interfere with daily functioning.

Examples are:

- Suicidal ideation
- Self-harm
- Substance use
- Avoidance
- Risky behaviors
- Interpersonal conflict
- Impulsivity



Mindfulness

Mindfulness

Being mindful can:

- Give you more choices and more control over your behavior. It helps you slow down and notice emotions, thoughts, and urges. It increases self-awareness. It helps you choose a behavior more thoughtfully, rather than act impulsively and make situations worse.
- It can increase your pleasure and sense of well-being while reducing emotional suffering.
- Help you make important decisions. It can balance overly emotional or overly logical decisions.
- Help focus your attention. It can help you be in control of your mind rather than letting your mind be in control of you, and therefore make you more effective and productive.
- Increase compassion for self and others.
- Lessen your pain, tension, and stress, and in turn can even improve your health.



Thank you

S.A.F.E. Program Website:

<https://uichildrens.org/health-library/suicidal-adolescent-family-empowerment-safe-program>